

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09510619 FILING DATE 2-24-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+					
2		+				
3		+				
4		+				
5		+				
6		+				
7		+				
8		+				
9						
10		+				
11		+				
12		+				
13		+				
14	+	+				
15		+				
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37		+				
38		+				
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41		+				
42		+				
43		+				
44		+				
45		+				
46		+				
47		+				
48		+				
49		+				
50		+				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND.	DEP.	IND.	DEP.	IND.	DEP.
51	+				
52	+				
53	+				
54	+				
55	+				
56	+				
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					